



EDITORIAL

Trans pregnancy: Fertility, reproduction and body autonomy

Issues concerning reproduction for transgender people are of increasing importance across social, cultural, legal, policy, and medical arenas. One key context is the experiences, needs and rights of men, trans/masculine, and non-binary people who become pregnant. Attempts to quantify pregnancy and birth amongst men, trans/masculine, and non-binary people point to a rapidly increasing trend toward visible parenthood amongst trans populations worldwide. There are currently approximately 5,000 members of an international internet support group for trans birth parents, partners, and allies, while 246 men were recorded by Medicare as giving birth in Australia between 1 July 2013 to 30 June 2020 (Medicare, 2020). UK support and self-help organizations report that young trans men are increasingly requesting advice around hormone use for these reasons, pointing to the need for future health care practice and policy to take account of the specific requirements of men, trans/masculine, and non-binary people who become pregnant and give birth.

The research project, “Trans Pregnancy: An International Exploration of Transmasculine Practices of Reproduction,” funded by the UK’s Economic and Social Research Council between 2017 and 2020, speaks to these demographic shifts. The Trans Pregnancy Project addressed the reproductive experiences and citizenship claims of men, trans/masculine, and non-binary people who have conceived after beginning a social and/or medical transition, seeking to provide an in-depth understanding of their feelings, experiences and health care needs. Our key aims were to:

1. Consider the extent to which trans/masculine practices of pregnancy and birth constitute an emerging socio-demographic shift.
2. Explore the ways in which trans/masculine practices of pregnancy and birth bring new

meanings to gendered and embodied identities.

3. Analyze how trans/masculine practices of pregnancy and birth speak to issues of gendered, sexual and intimate citizenship.
4. Evaluate trans/masculine practices of pregnancy and birth in relation to “best practice” standards of health care for trans people.
5. Examine trans/masculine practices of pregnancy and birth within the context of “best practice” standards in reproductive science and technology.

We sought to meet these aims by exploring the pregnancies of men, trans/masculine, and non-binary people across a number of different levels, expanding from our initial focus on trans/masculinity following feedback from agender and non-binary participants. First, we spoke to young men, trans/masculine, and non-binary people in focus groups about their feelings about the possibility of becoming pregnant in the future. Second, we conducted one-to-one interviews with men, trans/masculine, and non-binary people about their experiences of conception, pregnancy, and birth. Third, we spoke to health care practitioners about their existing understandings of reproduction among men, trans/masculine, and non-binary people. Our international focus enabled us to consider our questions at a global level and in relation to different social welfare and healthcare regimes. We were also mindful of intersectional factors, such as race and ethnicity, age, social class, and disability, that structure reproductive access, rights, and experiences. We carried out analyses of existing law and policy on trans reproduction, and on documents from the fields of health and medicine.

In 2020, we held a project conference in the UK that was attended by over 100 international delegates. In addition to presenting our own

work, we intended to explore and celebrate the wider landscape of work on trans reproduction and parenthood. Conference participants came from trans, non-binary and genderqueer community and activist backgrounds; many worked for Non-Governmental Organizations (NGOs) or were education, medical, health, legal, and policy professionals; others were academics from health, medicine, social science, and humanities disciplines; others still worked in cultural industries. Perhaps most important was the presence of men, trans/masculine, and non-binary participants with bumps and/or babies. To ensure this event was accessible to community members as well as early career academics and practitioners, our budget prioritized no-cost registration, hotel and travel subsidies, and free provision of food and refreshments that catered to a range of dietary requirements. Thirty papers were presented at the conference, alongside roundtable discussions, film screenings, self-care workshops, and performance art.

The articles that follow in this Special Issue of the *International Journal of Transgender Health* have been developed from many of those conference presentations, plus responses to an open call for papers. The issue focuses especially on the health care experiences and needs of men, trans/masculine, and non-binary people who wish to become, are, or have been pregnant or given birth, but also looks more expansively at questions of trans parenthood, reproductive rights, and bodily autonomy, addressing topics such as adoption, abortion, and the perspectives of trans women and transfeminine people.

Reflecting the focus of the Trans Pregnancy Project, the first eight articles in the Special Issue hone in on the ways in which men, trans/masculine, and non-binary people experience conception, pregnancy, and birth in different geographical locations and within particular socio-cultural-legal climates. The first article in the Special Issue is from the project team. “Men, trans/masculine, and non-binary people negotiating conception: Normative resistance and inventive pragmatism,” by Damien W. Riggs and colleagues, examines how research participants achieved and experienced conception. The forms of normative resistance and inventive pragmatism identified suggest that men,

trans/masculine, and non-binary people who are gestational parents seek to normalize their experiences of conception, while also acknowledging the specific challenges they face.

The next paper, “Disrupting the norms: Reproduction, gender identity, gender dysphoria, and transmasculinity,” by Trevor Kirczenow MacDonald and colleagues, is based on interviews with transmasculine people who have experienced pregnancy in the US. The article explores family-building and the navigation of American health care systems, drawing particularly on the prevalence of the gender binary and gender dysphoria in their participants’ narratives. The US is also the focus of the third article by Heidi Moseson and colleagues. “Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States” draws on results from a national quantitative survey. The results from 1,694 respondents indicate that, in many ways, trans, non-binary, and gender-expansive people’s reproductive experiences are unexceptional. Thus many trans, non-binary, and gender-expansive people wish to become, or do become, pregnant in intended and unintended ways, and also have abortions, miscarriages, and births during their lives. The article offers recommendations for health practitioners to avoid assumptions about pregnancy capacity or intentions based on a patient’s presumed or stated gender or based upon their engagement with gender-affirming hormone therapy.

The fourth article addresses trans/masculine pregnancy in Sweden. “Undergoing pregnancy and childbirth as transmasculine in Sweden: Experiencing and dealing with structural discrimination, gender norms and microaggressions in antenatal care, delivery and gender clinics,” by Felicitas Falck and colleagues, examines pregnant trans/masculine people’s experiences of health care encounters in a setting where mandatory sterilization to change legal gender was recently removed. The authors argue that lack of knowledge, narrow gender norms, and the legacy of the former legal sterility requirement hindered access to evaluation for gender dysphoria as well as to information on reproduction and gender-affirming treatment. The authors conclude

with important recommendations for better clinical practice. The fifth article in the Special Issue, “Administering gender: Trans men’s sexual and reproductive challenges in Argentina,” by Salvador Vidal-Ortiz and Andrés Mendieta, employs media analysis to highlight the challenges trans men face with medical and health care systems when pregnant, importantly paying attention to access to abortion as well as to prenatal care. The authors explore trans men’s experiences of multi-level institutional violence and vividly illustrate how this violence is resisted at individual and community levels by using the media as a means of “talking back.”

Our research found that while many trans/masculine people plan their pregnancies, this is not always the case; the next article, by Brittany M. Charlton and colleagues, “Unintended and teen pregnancy: Experiences of trans masculine people living in the United States,” reflects this. The article is developed from empirical research undertaken as part of the United States-based Sexual Orientation, Gender Identity, and Pregnancy Experiences (SLOPE) Study. The study identified a number of risk factors for teen and unintended pregnancies among transmasculine people, including physical and sexual abuse as well as ineffective use of contraception. The paper offers important guidelines for public health practitioners, healthcare providers, and support networks to support trans masculine pregnant people by attending to their unique needs—including potential gender dysphoria, discrimination, and invisibility during pregnancy. The next article also examines reproduction within turbulent contexts. “Trans pregnancy, traumatic birth and perinatal mental health: A scoping review,” by Mari Greenfield and Zoe Darwin, explores the topic of traumatic birth and perinatal mental health difficulties amongst men, trans/masculine, and non-binary people. Developed from a comprehensive literature review, the article identifies a number of particular vulnerabilities faced by men, trans/masculine, and non-binary people who become pregnant, including the possibility of increased dysphoria and social isolation. The article points to the need for individualized respectful care to recognize and mitigate against these potential vulnerability factors.

Non-binary people are often excluded from the literature on trans reproduction and the next article attends to this. “Non-binary reproduction: Stories of conception, pregnancy, and birth,” by Olivia J. Fischer, offers an in-depth analysis of the reproductive narratives of five non-binary people. Narratives show the gendered culture of pregnancy and language surrounding it. While reflecting on mostly positive experiences with their health care providers, participants echoed those of many in the Special Issue in speaking of the need for gender-affirming care and social support services.

The next two articles explore parenthood beyond a sole focus on gestation and genetic connections, taking into account the experiences of trans women, men and non-binary people. In “A qualitative study exploring trans people’s experiences of adoption and fostering in the UK,” Clare Brown attends to the exclusion of trans voices in LGB adoption and fostering research. Drawing on qualitative research with trans and non-binary people in the UK who have planned to become, applied to become, or become adoptive or foster parents, the article brings to light the barriers faced by those who are trans or non-binary in their quest to become parents. Brown argues that trans-inclusive education and training for professionals in fostering and adoption is vital to promote choice and reproductive justice for also those who wish to adopt or foster and to provide positive family experiences for children who need foster and adoptive homes.

“I guess the trans identity goes with other minority identities”: An intersectional exploration of the experiences of trans and non-binary parents living in the UK. Bower-Brown and Zadah explore a range of routes to parenthood alongside one another, showing how birth parents, non-birth parents and adoptive parents all found themselves entering a range of intensely gendered spaces.

The eleventh article in the Special Issue turns to an area much under-explored within both reproductive health studies and trans studies, that of trans and non-binary menstruation. The article “‘Just because I don’t bleed, doesn’t mean I don’t go through it’: Expanding knowledge on trans and non-binary menstruators” by A.J. Lowik uses secondary data analysis of a broader empirical

research project on trans people's reproductive lives, health, and decision-making processes to focus upon participants who discussed experiences of menstruation and menstrual health. The article suggests that existing clinical literature fails to attend to the experiential components of menstruation for trans and non-binary people, including some trans women. The author argues that greater knowledge is required for health care providers and speaks of the need to develop trans and gender-inclusive menstruation-related guidelines and standards of care.

Reproductive rights are central to questions of conception and pregnancy, and the next article in the Special Issue addresses this in relation to abortion rights. "We can conceive another history': Trans activism around abortion rights in Argentina," by Francisco Fernández Romero, explores trans activists' participation within pro-choice movements and broader reproductive justice movements. By analyzing interventions around abortion made by trans and *travesti* activists and organizations, the article charts the common ground between trans and feminist movements around reproductive justice. In its conclusion, the article places trans activists' contributions to framing abortion rights within a wider social justice agenda at the intersection between health, gender, sexuality, and bodily autonomy.

Subsequent articles move on to address professional understandings of, and practices around, trans and non-binary reproduction. Nik M. Lampe and Alexandra C. H. Nowakowski's article, "New horizons in trans and non-binary health care: Bridging identity affirmation with chronicity management in sexual and reproductive services," foregrounds how trans and non-binary people experience erasure, stigma, and discrimination in sexual and reproductive health care. Exploring the intersections between chronic disease management and gender-affirming care, the article is significant in its development of recommendations for community and clinical research so that trans and non-binary people are able to receive improved care. In the next article, "Doing the right thing and getting it right: Professional perspectives on supporting parents from gender diverse communities," Trish Hafford-Letchfield

and colleagues explore the practices and meaning of *parenting* and *caring* for social workers and other care professionals in relation to families with parents who have diverse gender identities in the UK. In order to affirm the diversity of family life, the authors argue that professionals need to take active responsibility and accountability for educating themselves. The authors also stress the need for professionals to reach out to trans and non-binary communities so as to include them in improving services.

The fifteenth article in the Special Issue is by Chloe Rogers and colleagues from a UK private trans health practice. "A retrospective study of positive and negative determinants of gamete storage in transgender and gender-diverse patients," presents data on fertility uptake and gamete storage (GS) among 3667 transgender patients, one of the largest studies undertaken to date. The article indicates that underfunded National Health Service (NHS) fertility services and expensive private services in the UK mean that those trans people who wish to access fertility services cannot always do so. The authors argue that while the NHS is beginning to be more accepting and inclusive of the needs of transgender people, new legislation is needed to cement long-term change in the UK health-care system.

The last two articles in the Special Issue illustrate our project's focus on reproductive institutions. In "Deconstructing tradition: Trans reproduction, 'mothers,' and birth registration," Liam Davis suggests that dyadic, cis-heteronormative understandings of parenthood and sex/gender in English and Welsh law mean that trans and non-binary parents are unable to be adequately registered on their child's birth certificate. The author argues that the law must cease in policing the reproduction of "non-traditional" families to allow trans and non-binary parents to be correctly registered on their child's birth certificate. The final article, "Normal parents: Trans pregnancy and the production of reproducers," by Elisabeth Dietz, explores how prospective trans parents are exceptionalized by reproductive institutions. Such institutions, the author argues, shape the kinds of people for whom achieving pregnancy is made

easier, and often fail to imagine the possibility of trans parents. In its conclusion, the author suggests that such a failure of imagination is not rooted in biological fact, but rather in social logics that, alternatively, may be sites for transformations that expand access and shift provider attitudes. Prospective trans parents might thus engage with new reproductive technologies that would render them moral pioneers in future decisions about reproductive biotechnologies.

As a project team, we have sought to create dialogue between academics, policy and law makers, health sector professionals, and wider practitioner and user-group communities, to impact on policy and legal change, and to broaden public educational and awareness initiatives with respect to the reproductive experiences and needs of men, trans/masculine, and non-binary people internationally. As editors of this Special Issue, we hope that our contribution is part of this ongoing process of dialogue. This Special Issue comes at a time when the reproductive rights of those able to carry a pregnancy are being reconsidered at legal and policy levels, particularly concerning access to legal abortion and decisions around parental markers on children's birth certificates in countries such as Argentina and the UK. Moreover, the health care needs of trans and non-binary people more broadly are being reconsidered as the demands of trans communities for self-determination and increased bodily autonomy gain ground. We hope that this Special Issue will play a part in the development of improved cultures and practices by contributing to calls for stronger processes of recognition for trans and non-binary parents, and more progressive international care standards for men, trans/masculine, and non-binary people who become pregnant or give birth. While our specific project focus has been on trans masculine and non-binary people's reproduction, we recognize the need for more

work into the reproductive experiences of trans women and non-binary people without a uterus. Overall, we hope that our project, and this Special Issue, will lead to much better understandings of the specific reproductive inequalities experienced by trans and non-binary people and that it will provide health professionals with further knowledge to contribute to the reduction of health inequalities.

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Reference

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